



APPLICATION FOR CERTIFICATE OF COMPETENCY  
FIRE PROTECTION CHEMICAL

Public Protection Cabinet  
Department of Housing, Buildings and Construction  
Fire Protection Systems  
101 Sea Hero Road Suite 100  
Frankfort, Kentucky 40601  
Telephone: (502) 573-0385

( ) Initial Application

( ) Renewal Application

In compliance with KRS Chapter 198B, I hereby request that I be issued a Certificate of Competency or have my Certificate of Competency renewed by the Department of Housing, Buildings and Construction as required by law. I am currently engaged or intend to engage in the preparation of technical drawings, installation, repair, alteration, addition, maintenance or inspection of fire protection chemical systems.

I agree to notify the Executive Director within thirty (30) days of any change in my employment status. I also agree that any information in this application may be verified.

APPLICANT NAME \_\_\_\_\_ SSAN \_\_\_\_\_

APPLICANT BIRTH DATE: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

APPLICANTS PRESENT KENTUCKY CHEMICAL CERTIFICATE OF COMPETENCY NUMBER \_\_\_\_\_

Indicate any other Kentucky Certificate of Competency numbers for Chemical Systems applicant may have held.

If none, so state \_\_\_\_\_.

APPLICANT HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

HOME TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ COUNTY (Parish): \_\_\_\_\_

APPLICANT WILL BE CERTIFICATE OF COMPETENCY HOLDER FOR:

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

(Include P.O. Box Number and

Street Address if Applicable) \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, swear or affirm that to the best of my knowledge and belief, the  
(Applicant)

statements contained herein in this application are true and complete.

\_\_\_\_\_  
(Applicant Signature) Date: \_\_\_\_\_

State of \_\_\_\_\_

County of (Parish of) \_\_\_\_\_

Sworn before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC

My Commission Expires \_\_\_\_\_



CERTIFICATION OF EMPLOYER/CONTRACTOR

This is to certify that \_\_\_\_\_ is presently employed by \_\_\_\_\_  
(Applicant Name)  
\_\_\_\_\_ in capacity of \_\_\_\_\_

(Name of Business) (Title)  
and is authorized to act for the business in all matters pertaining to the installation, repair, alteration, addition, maintenance, inspection and testing of fire protection chemical systems in the State of Kentucky.

If for any reason the applicant terminates employment with the above business, we, the undersigned, do understand that the Commissioner is to be notified within thirty (30) days, and that the business will have six (6) months or until expiration of current license (whichever occurs last) within which to submit an application on a new certificate holder and be issued a new contractors license. I agree that any information contained in this application may be verified.

I, \_\_\_\_\_, being the \_\_\_\_\_  
(Employer) (Title)  
of \_\_\_\_\_, swear or affirm that to the best of my knowledge and belief,  
the statements contained in this application are true and complete.

\_\_\_\_\_  
(Employer Signature) Date: \_\_\_\_\_

State of \_\_\_\_\_

County of (Parish of) \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires \_\_\_\_\_

**KHEAA STATEMENT MUST BE INITIALED IN BOTH PLACES, SIGNED AND DATED BY  
CERTIFICATE OF COMPETENCY HOLDER**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Association Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Chemical Certificate of Competency license at this time.

\_\_\_\_\_ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Include a nonrefundable fee in the amount of \$125.00 for each Certificate of Competency holder